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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

**Complete if Known**

|                    |            |
|--------------------|------------|
| Application Number | 10/672,273 |
|--------------------|------------|

Filing Date

|                      |        |
|----------------------|--------|
| First Named Inventor | Schura |
|----------------------|--------|

**Art Unit**

Examiner Name

|                        |          |
|------------------------|----------|
| Attorney Docket Number | NC 84926 |
|------------------------|----------|

Sheet

of

## U. S. PATENT DOCUMENTS

**If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.**